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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	70027880.0010
	First Named Inventor	HAYWOOD, Rachel Mary
	Title	Method and Apparatus for Determining Effectiveness of Sunscreens and other Skin Preparations in Shielding Human Skin from UVA Radiation
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	April 29, 2005
	Group Art Unit	
	Examiner Name	

As the below named inventor(s), I [we] hereby declare that:
My [our] residence, mailing address, and citizenship are as stated below next to my [our] name[s].
I [we] believe I [we] am [are] the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention
entitled:

**METHOD AND APPARATUS FOR DETERMINING EFFECTIVENESS OF
SUNSCREENS AND OTHER SKIN PREPARATIONS IN SHIELDING HUMAN SKIN
FROM UVA RADIATION**

The specification of which
☐ is attached hereto; OR ☒ was filed on (MM/DD/YYYY) 10/28/2003 as United States Application No. or PCT International
Application No. PCT/GB03/04637 and was amended on (MM/DD/YYYY) (If applicable).

I [We] hereby state that I [we] have reviewed and understand the contents of the above identified specification, including the claims, as
amended by any amendment specifically referred to above.

I [We] acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-
in-part applications, material information which became available between the filing date of the prior application and the national or PCT
International filing date of the continuation-in-part application.

I [We] hereby claim domestic priority benefits under 35 U.S.C. 119(e); 37 C.F.R. 1.78(a)(4) of any U.S. application(s) for patent(s) listed
below and have also identified below, by checking the box, any U.S. application having a filing date before that of the application on which
priority is claimed.

Prior U.S. Application Number(s)	Filing Date

I [we] hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or
plant breeder's rights certificate(s), or 365(a) of any PCT International publication which designated at least one country other than the
United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or
plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority
is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0225408.4	UK	10/31/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/GB03/04637	WO	10/28/2003		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign or U.S. application numbers are listed on a supplemental priority data sheet attached hereto:

Direct all correspondence to: ☒ Customer # 26263 OR ☐ Correspondence address below:

Name _____
Address _____
City _____ State _____ ZIP _____
Country _____ Telephone _____ Fax _____

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT (cont.)					
<input checked="" type="checkbox"/> I [we] hereby appoint the <input checked="" type="checkbox"/> Practitioners at Customer Number:				26263	
OR <input type="checkbox"/> Practitioner(s) named below:					
Name		Registration Number		Name	
				Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
I am the:					
<input checked="" type="checkbox"/> Applicant/Inventor.					
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE OF Assignee of Record (if applicable):					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name					
Signature					
Date					
SIGNATURE of Inventors:					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Rachel Mary		Family Name or Surname	
Inventor's Signature		x Rachel Haywood		Date x 2/11/05	
Residence: City		PINNERT		State	
Mailing Address		c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood			
City		Middlesex		State	
Zip		HA6 2RN		Country	
NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Peter		Family Name or Surname	
Inventor's Signature		x P. Wardman		Date 2 NOV 2005	
Residence: City		PINNERT		State	
Mailing Address		c/o Gray Cancer Institute, Mount Vernon Hospital, Northwood			
City		Middlesex		State	
Zip		HA6 2JR		Country	
NAME OF THIRD INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Roy		Family Name or Surname	
Inventor's Signature		x Roy Sanders		Date 1 Nov 05	
Residence: City		LONDON		State	
Mailing Address		c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood			
City		Wiltshire		State	
Zip		HA6 2RN		Country	
NAME OF FOURTH INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Clair		Family Name or Surname	
Inventor's Signature		x Clair Linge		Date x 3 Nov 05	
Residence: City		LONDON		State	
Mailing Address		c/o RAFT Trustees Ltd., The Leopold Muller Building, Mount Vernon Hospital, Northwood			
City		Middlesex		State	
Zip		HA6 2RN		Country	